

MESSAGE

RECEIVED

Kirk T. Moss, MD, P.C.  
11432 Business Blvd, Eagle River, AK 99571  
phone (907) 694-1300 fax (907) 694-1315

Date seen: 2.5.05  
 Patient Name: John M. Hesse  
 Employer:

**WORK STATUS**

- May resume **REGULAR** work activities immediately.  
 May resume **MODIFIED** work activities immediately.  
 Temporarily unable to resume any work activities because such activity could place **Marketing** personnel at risk.

The period of disability: FROM \_\_\_\_\_ TO \_\_\_\_\_

To be discontinued by referring doctor: 2 weeks events surgeon to check for  
any changes

May resume **REGULAR** activity on: \_\_\_\_\_

May resume **MODIFIED** activity on: \_\_\_\_\_

Presently unable to determine work date.

**WORK LIMITATIONS**

- Lifting, pushing, pulling up to exceed \_\_\_\_\_ pounds.  
 Bending or twisting not to exceed \_\_\_\_\_ times per hour.  
 Climbing job only. \_\_\_\_\_ No climbing or overhead work.  
 No operation of moving equipment.  
 Right hand work only. \_\_\_\_\_ Left hand work only.  
 Keep wound clean and dry.

Other: \_\_\_\_\_

**FOLLOW-UP CARE/REFERRAL**

- Discharge from medical care.  
 Return to see Dr. Moss on: \_\_\_\_\_  
 Referred for follow-up care to Dr. cardiac post-future  
 Appointment scheduled for: \_\_\_\_\_

Additional comments: \_\_\_\_\_

PATIENT

DATE

AP POLICE 70-L MEDICAL Private Edition - Off the Record		MULTIPLE ITEM PRESCRIPTION		PHARMACY Prescription Number for the Month of February 01-01-05 through 01-31-05	
Prescriber	Address	Prescriber	Address	Prescriber	Address
Mr. John Mitchell	1401 3rd Street SW	Mr. John Mitchell	1401 3rd Street SW	Mr. John Mitchell	1401 3rd Street SW
405-520-3005	75 4/F b	405-520-3005	75 4/F b	405-520-3005	75 4/F b
405-520-3005	200.50	405-520-3005	200.50	405-520-3005	200.50
<p><i>John Mitchell MD</i></p> <p>Pharmacy use only</p> <p>Indicates Prescription Written in ACSNS Handwriting</p> <p>Leave Space and Signature Type: <i>John Mitchell MD</i></p> <p>Department of Veterans Affairs Dental Branch 150 301 Phoenix Dr. Suite 1000 Phoenix, AZ 85085</p> <p>LEA Sheet:</p> <p>Indicates Prescription Written in ACSNS Handwriting</p> <p>Type: <i>John Mitchell MD</i></p> <p>Department of Veterans Affairs Dental Branch 150 301 Phoenix Dr. Suite 1000 Phoenix, AZ 85085</p> <p>LEA Sheet:</p> <p>Indicates Prescription Written in ACSNS Handwriting</p> <p>Type: <i>John Mitchell MD</i></p> <p>Department of Veterans Affairs Dental Branch 150 301 Phoenix Dr. Suite 1000 Phoenix, AZ 85085</p> <p>LEA Sheet:</p>					
				Date: <i>2/4/05</i>	
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